

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101-593400

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1							51						
2	1							52						
3	1							53						
4	23							54						
5	32							55						
6	21							56						
7	42							57						
8	21							58						
9	42							59						
10	21							60						
11	42							61						
12	21							62						
13	42							63						
14	1							64						
15	1							65						
16	2							66						
17	2							67						
18								68						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	25	←		←		←	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	27							TOTAL CLAIMS						